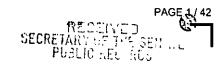
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REPORT OF RECEIPTS **AND DISBURSEMENTS**



14 APR 15 PH 3:53

For An Authorized Committee		Office Use Only	
NAME OF COMMITTEE (in full) TYPE OR PRI	NT ▼ Example: If typing, type over the lines.	12FE4M5	
Friends of Mazie Hirono			
ADDRESS (number and street)			
Check if different			
than previously Honolulu reported. (ACC)		HI 96809	9
2. FEC IDENTIFICATION NUMBER ▼	CITY A 3. IS THIS NEW NEW (N) OR	STATE AMENDED	ZIP CODE A STATE ▼ DISTRICT
	REPORT (N) OR	(A)	HI COO
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)	(b) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) Election on M M M / D D General (30G) Election on	General (12G) Special (12S) Runoff (30R)	in the State of Special (30S) in the State of S
5. Covering Period 01 01	through 03	M / DYD / YY	2014 Y
I certify that I have examined this Report and Type or Print Name of Treasurer Ms. Kim Col	· -	true, correct and con	nplete.
Signature of Treasurer Ms. Kim Coleman	Kum C	Date 04 /	15 / 2014
NOTE: Submission of false, erroneous, or incomp	elete information may subject the person signing	this Report to the pe	nalties of 2 U.S.C. §437g.
Office Use Only			EC FORM 3 (Revised 02/2003)